

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

MIDDLE District of PENNSYLVANIACIVIL Division

Case No. _____

(to be filled in by the Clerk's Office)

LAVON CECIL SMITH

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SUPV. LUTHEL, DEP. WAKEFIELD, SEC. WETZEL
DR. DOLL, AND P.A.'S JDE DOE, ETC. PEARSON
MANUFACTURER: CAPT. JAMOND PHAL SELVILE

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED
SCRANTON

SEP 08 2020

Per AM
DEPUTY CLERKCOMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name LAVON CECIL SMITH
 All other names by which
 you have been known: SMITTY, SHABBA SPIKE
 ID Number EZ5402
 Current Institution OCI-SMITHFIELD
 Address 1120 PIKE STREET
HUNTINGDON PA 16652
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name SUPERINTENDENT JAMIE LUTHER
 Job or Title (if known) SUPERINTENDENT
 Shield Number _____
 Employer DEPT. OF COLLECTIONS
 Address 1120 PIKE STREET
HUNTINGDON PA 16652
 City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name CHAD WAKEFIELD
 Job or Title (if known) DEPUTY SUPERINTENDENT
 Shield Number _____
 Employer DEPT OF COLLECTIONS
 Address 1120 PIKE STREET
HUNTINGDON PA 16652
 City State Zip Code

☐ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

12. JOLL MEDICAL DEPARTMENT AND
 P.A.'S HEALTH CARE
 SEPT. OF COLLECTIONS
 1120 PIKE STREET
 HUNTINGDON PA. 16652
 City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

PERRIGO (R) MANUFACTURER: CLAY
 PHARMACEUTICAL
 PERRIGO WWW.COM
 ALLEGAN MI 49010
 City State Zip Code

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8TH AMEND. CONST. CRUEL AND UNUSUAL PUNISHMENT / CIVIL RIGHTS ACT OF 1866 / 14TH AMEND.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

EACH DEFENDANT(NAMED) REFUSED TO ACKNOWLEDGE VISUAL HARM

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

MAY 13, 2019 AT #2:47^{Am} ON CB AT SCI-SMITHFIELD

C. What date and approximate time did the events giving rise to your claim(s) occur?

MAY 18, 2:47 AM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

AFTER USING "AMMONIUM LACTATE" PRESCRIBED BY MEDICAL BOTH ARMS, NECK, HEAD WERE SET ON FIRE AND WAS SENT AND NEXT DAY PUT IN THE INFIRMARY.

EVERYONE ON QB-BLOCK THOUGHT I WAS DYING FROM A FLESH EATING DISEASE. ALSO GUARDS WORRIED ABOUT MY LIFE

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1ST AND 2ND DEGREE CHEMICAL BURNS TO ARMS, NECK, HEAD. PERMANENT DISCOLORING, NERVE DAMAGE, PANIC ATTACKS.

TREATED ON I.V. FOR (2) DAYS FOR INFECTION AND GIVEN ANTIBIOTICS

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

PLAINTIFF ASKS THE COURT TO RECOMPENSE \$100,000.00 JOINTLY AND SEVERALLY IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES ALL DEFENDANTS AT SMITHFIELD AND OR DEPARTMENT OF COLLECTIONS. PLAINTIFF ASKS COMPENSATORY AND PUNITIVES OF \$5,000,000.00 EACH OF THE NAMES DEFENDANT CONNECTED TO (PERRIGO(R) ALLEGAN, MI 49010

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SCI - SMITHFIELD

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

SCI-SMITHFIELD

2. What did you claim in your grievance?

FAILURE TO TREAT INJURIES PROPERLY

3. What was the result, if any?

DENIED CLAIMS

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

YES GRIEVANCE PROCESS COMPLETED (SEE COMPLAINT)

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? **NO**

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8- - 20

Signature of Plaintiff Lavon Cecil Smith

Printed Name of Plaintiff LAVON CECIL SMITH

Prison Identification # E25402

Prison Address DA-11

HUNTINGDON PA. 16652
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

City State Zip Code

Telephone Number _____

E-mail Address _____

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

LAVON CECIL SMITH

V

CIVIL ACTION NO:

(JURY TRIAL DEMANDED)

SUPERINTENDENT LUTHER DEP

WAKEFIELD, SECRETARY WETZEL,

DR. DOLL AND ALL P.A.S COTSHALL,

RILEY, HARTMAN, PIERCE, DERMATOLOGIST

SLIGHKER, RECK, JOHN DOE, ETC. AT

SMITHFIELD ALSO PELLIGO(R)

ALLEGAN MI, 49010 WWW.PELLIGO.COM, MANUFACTURER: CLAY

PRESCRIBER HARRIS, R, MON DIAMOND PHARMACY SERVICES 645

KOLTER INDIANA, PA, 15701

I INTRODUCTION: THIS IS A CIVIL ACTION FILED AND
FILED PURSUANT TO 42 U.S.C. 1983 BY LAVON CECIL SMITH EZ5402
AN INMATE CURRENTLY HELD AT SCI-SMITHFIELD, HUNTINGDON,
PA. 16652, THE PLAINTIFF PROVIDES MATERIAL EVIDENCE DUE TO
THE PRESCRIBING OF THE CREAM "AMMONIUM LACTATE" IN THE
MEDICAL DEPARTMENT THAT CAUSED 1ST, 2ND DEGREE CHEMICAL
BURNS TO ARMS, NECK AND HEAD AND ALSO A BIOPSY TAKEN FROM
WRONG AREA, WHICH CAUSED NERVE DAMAGE IN ARMS AND NECK
AND PANIC ATTACKS FROM THE CARE RECEIVED AT SCI-SMITHFIELD.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

LAVON CECIL SMITH, PLAINTIFF

SCI-SMITHFIELD P.O. BOX 999

1120 PIKE STREET

HUNTINGDON, PA. 16652

CASE NO:

COMPLAINT JURY TRIAL DEMANDED

✓

SUPERINTENDENT LUTHER, DEPUTY WAKEFIELD, SEC. WETZEL

DR. JOLL AND ALL P.A.'S, CUTSHALL, RILEY

HARTMAN, PIERCE, DERMATOLOGIST SCICKER, RECK

JOE JOE, ETC, HEALTH ADMINISTRATOR WILLIAM

DREIBELBIS AT SCI-SMITHFIELD, ALSO

PERRICO (R) ALLEGAN, MI 49010 W.W.W.

PERICO. COM MANUFACTURER: CLAY

PRESCRIBER HARRIS, R. MSV DIAMOND PHARMACY

SERVICES 645 KOLTER INDIANA, PA. 15701

TO BE FILED UNDER 42 U.S.C. § 1983. STATE OFFICIALS

1. PREVIOUS LAWSUITS NONE

A. HAVE YOU FILED A GRIEVANCE CONCERNING THE FACTS

RELATED TO THIS COMPLAINT? YES

B. IS THE GRIEVANCE PROCESS COMPLETED? YES

①

2.) JURISDICTION: THE COURT HAS JURISDICTION OVER THIS MATTER PURSUANT TO 28 U.S.C. §§ 1331, 1343(3) AND § 1343(4), AS WELL AS 42 U.S.C. § 1983 AND 28 U.S.C. §§ 2201-2202

3.) THE EIGHTH AMENDMENT BAN AGAINST CRUEL AND USUAL PUNISHMENT, PROHIBITS A PRISON OFFICIAL'S DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS OF PRISONERS (ESTELLE V GAMBLE 429 U.S. 97, 104, 97 S.Ct. 285 (1976)

TO ESTABLISH AN EIGHTH AMENDMENT DELIBERATE INDIFFERENCE CLAIM, PLAINTIFF MUST ESTABLISH: (1) DELIBERATE INDIFFERENCE ON THE PRISON OFFICIAL(S) AND (2) A SERIOUS MEDICAL NEED.

4.) THERE HAS BEEN DISCRIMINATORY INTENT WHICH IS RACIALLY MOTIVATED, IN VIOLATION OF SECTION 1981 OF THE CIVIL RIGHTS ACT OF 1866, WHICH IS A VIOLATION OF THE 14TH AMENDMENT AND DUE PROCESS.

THIS FAILURE ALONG WITH NOT FILING FOR SPECIALIZED TREATMENT AND PROVIDING STERILE MEDICAL PROTECTION FROM THE CHEMICAL INJURIES HAS CAUSED SEVERE ATROPHY AND PERMANENT DAMAGE FROM THE PRESCRIBED CREAM AND AFTERCARE. (SEE DOCUMENTAL HISTORY). FAILURE TO GIVE MEDICAL CARE FOR NUMBNESS IN ARMS AND HANDS

ALSO THE PHOTOGRAPHS FORWARDED BY FAMILY MEMBERS SHOW INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS AND MENTAL ANGUISH.

II. PLAINTIFF, LAVON CECIL SMITH, IS AND WAS AT ALL TIMES IN THE STATE OF PENNSYLVANIA, IN THE CUSTODY OF SCI-SMITHFIELD, HUNTINGDON, PA. 16652

1). ALL DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES. AT ALL TIMES RELEVANT TO THE ALLEGATIONS IN THIS COMPLAINT, DEFENDANTS WERE ACTING UNDER THE COLOR OF STATE LAW.

I, LAVON CECIL SMITH, ASKS FOR COMPENSATORY AND PUNITIVE DAMAGES OF \$100,000.00 EACH OF THE NAMED DEFENDANTS, JOINTLY AND SEVERALLY IN THEIR INDIVIDUAL AND OFFICIAL CAPACITY, ETC JOHN DOE:

- 1) SECRETARY OF PRISONS J. WETZEL
- 2) SUPERINTENDANT J. LUTHER
- 3) DEPUTY SUPERINTENDANT C. WAKEFIELD
- 4) HEALTH ADMINISTRATOR W. BREIBELBIS
- 5) DOCTOR DOLL
- 6) DERMATOLOGIST SLIGHKER
- 7) PHYSICIANS ASSISTANTS; RILEY, CUTSHALL, HARTMANN, PIERCE, RECK, JOE DOE, ETC.

I, LAVON CECIL SMITH, ASKS FOR COMPENSATORY AND PUNITIVE DAMAGES OF \$5,000,000.00 EACH OF THE NAMED DEFENDANTS, JOINTLY AND SEVERALLY IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.

PERRIGO (R) ALLEGAN, MI 49010 WWW.PERRIGO.COM
PERRIGO (R) BRONX, NY 10457
MANUFACTURER: CLAY
PRESCRIBER HARRIS R. MSV
DIAMOND PHARMACY SERVICE 645 KOLTER INDIANA, PA 15701

DOCUMENTAL HISTORY

1). MAY 18, 2:47 AM, WAS AWAKEN WITH ARMS BURNING AND OOZING CLEAR FLUID.

2). MAY 19, 7:20 AM SENT TO ER BY CORRECTION OFFICER WHO DEEMED INJURIES SERIOUS AND LIFE THREATING. WAS SEEN BY P.A. RECK WHO SAID HE COULDN'T PRESCRIBE ANYTHING AND TO PUT IN A SICK CALL SLIP.

3). MAY 20, 10:30 AM, ADMITTING INJURIES WERE SEVERE WAS PUT IN THE INFIRMARY DUE TO INJURIES TO ARMS AND NECK. SPENT (2) DAYS ON I.V. FOR PREVENTION OF INFECTION AND BURNED SKIN.

(NOTE: GRIEVANCES ON PAGE 7-)

4). RELEASED ON MAY 22, 2019, PRESCRIBED ACETAMINOPHEN AND CLINDAMYCIN FOR (9) DAYS STARTING MAY 23, 2019.

5). PLAINTIFF SUBMITTED SICK CALL SLIP STATING CONDITION FROM CREAM GIVEN HAS SPREAD AND I NEED A PLASTIC SURGEON OR SOME SKIN SPECIALIST JUNE 2, 2019 (SEE SICK CALL SLIP EXH A) AND GRIEVANCES)

6) JUNE 3, 2019, WAS SEEN BY A DR. SCHILKER, A DERMATOLOGIST WHO DEEMED PHOTO'S OF INJURIES TAKEN BY MEDICAL MAY 28, 2019 AS IRRY SKIN AND ORDERED BIOPSY OF NECK FOR FUNGUS. A P.A. PIERCE PRESCRIBED MORE CREAM FOR JUNE 5, 2019.

7). PLAINTIFF FILED (1ST) GRIEVANCE JUNE 4, 2019 (SEE EXH A) AND GRIEVANCES)

8). PLAINTIFF FILED A SICK CALL DESCRIBING BURNING AROUND NECK AND ARMS FROM THE AMMONIUM LACTATE PRESCRIBED, ALSO HEAD PAIN FROM THE BIOPSY DONE TO PLAINTIFF'S HEAD INSTEAD OF NECK JUNE 29, 2019 (SEE EXB A) AND GRIEVANCE)

9). PLAINTIFF RECEIVED (INITIAL REVIEW RESPONSE) (SEE EXH B), THAT SAME DAY JUNE 29, 2019. (SEE GRIEVANCES

10). ON JULY 1, 2019, AT 7:26 A.M., SEEN SUPERINTENDENT LUTHER AND SHOWED HER BOTH ARMS THAT WERE CHEMICALLY BURNED BY THE CREAM WHICH MEDICAL DEPT. DENIED EXISTS.

- 11). PLAINTIFF FILED (2ND) LEVEL GRIEVANCE NO. 805492, WAS FILED JULY 2, 2019, (SEE EXH C.) AND GRIEVANCES
- 12). PLAINTIFF WAS SCHEDULED JULY 9, 2019, TO SEE DOCTOR DOLL AND SHE ADMITTED NOTHING WAS WORKING.
- 13). PLAINTIFF WAS SCHEDULED JULY 11, 2019, TO TAKE PICTURES FOR DERMATOLOGIST.
- 14). PLAINTIFF ON JULY 14, 2019, PLACED A SICK CALL SLIP IN SAYING, "HE CANNOT BE OUT FOR (30) MINUTES IN THE SUN WITH ARMS OR NECK EXPOSED. EACH PLACE BURNS AND OZES, ALSO SWELLS AND CAUSES PAIN. (SEE EXH A) (SEE GRIEVANCES
- 15). PLAINTIFF SCHEDULED JULY 24, 2019, TO SEE DERMATOLOGIST WHICH CONCLUDED THERE WAS NO FUNGUS, NO INFECTION AND HE DOES NOT KNOW THE CAUSE OF SKIN CONDITION.
- 16). PLAINTIFF RECEIVED FACILITY MANAGER APPEAL RESPONSE JULY 26, 2019, SAYING MEDICAL STAFF CONCLUDED WITHOUT TEST, THE AMMONIUM LACTATE PRESCRIBED FOR THE SAME AREA WITH (3) WEEKS USE DID NOT CAUSE 1ST, 2ND AND 3RD DEGREE CHEMICAL BURNS (SEE EXH B) (SEE GRIEVANCES)

17) ON SEPTEMBER 12, 2019, PLAINTIFF RECEIVED (SEE EXH B ENCLOSED) GRIEVANCE REFERRAL FOR FURTHER REVIEW.

18) ON OCTOBER 6, 2019, PLAINTIFF RECEIVED THIS CORRESPONDENCE FROM THE BUREAU OF HEALTH CARE SERVICES. (SEE ENCLOSED) EXH B

19) PLAINTIFF WROTE THIS REQUEST TO THE MEDICAL DEPT. AND TO LET THEM SEE WHAT COULD BE DONE AND SHOW TO THE VISUAL DAMAGE. TO THE ADMINISTRATOR I WAS DIRECTED.

20) PLAINTIFF RECEIVED A NOTICE (SEE ENCLOSED), THAT TREATMENT WAS REFUSED. (EXH B)

21) PLAINTIFF PROVIDED EVIDENCE THAT THE MEDICAL DEPT. HERE SENT FABRICATED EVIDENCE OF A REFUSAL OF TREATMENT (SEE NEXT (5) PAGES)

22) PLAINTIFF BELIEVES DEPUTY SECRETARY OF PRISONS SEEN PLAINTIFF WAS TRUTHFUL AND THIS (SEE ENCLOSED) WAS RECEIVED IN THE MONTH OF MARCH 2020. (EXH B)

GRIEVANCES AND PHOTOGRAPHS

I. PLAINTIFF FORWARDS (9) PAGES OF THE GRIEVANCE PROCESS

II PLAINTIFF FORWARDS (4) ORIGINAL PHOTO'S TAKEN ON
JULY 13, 2020 AND (4) PHOTO COPIES.

III PLAINTIFF MOTIONS THE COURT IN THE CIVIL SUIT TO
ALLOW: (7) PHOTOGRAPHS FROM FAMILY MEMBERS

ALLAN W. WILSON

2020 LAKETON ROAD

PITTSBURGH, PA. 15231

(4) PHOTOGRAPHS FROM

HERMAN PORTER

803 S. WALLINGTON AVENUE

PITTSBURGH, PA. 15210

TAKEN BETWEEN JUNE 13, 2019 AND JULY 2, 2019,
TO DOCKET THESE ORIGINAL PHOTOGRAPHS, WHICH ARE
TIME-STAMPED BY PLAINTIFF'S WATCH. MAY PLAINTIFF
ALSO MOTION THE COURT TO ALLOW FAMILY MEMBERS TO
BE MATERIAL WITNESSES AT TRIAL.

PULSUANT TO 28 U.S.C. § 1915(e)(1) PLAINTIFF MOVES
FOR AN ORDER APPOINTING COUNSEL TO REPRESENT HIM IN
THIS CASE. IN SUPPORT OF THIS MOTION PLAINTIFF STATES:

① PLAINTIFF IS UNABLE TO AFFORD COUNSEL, HE HAS

REQUESTED LEAVE TO PROCEED IN FORMA PAUPERIS.

② PLAINTIFF'S IMPRISONMENT WILL GREATLY LIMIT HIS ABILITY TO LITIGATE. THE ISSUES INVOLVED IN THIS CASE ARE COMPLEX AND REQUIRE SIGNIFICANT RESEARCH AND INVESTIGATION. PLAINTIFF HAS LIMITED ACCESS TO THE LAW LIBRARY AND LIMITED KNOWLEDGE OF THE LAW.

③ A TRIAL IN THIS CASE WILL LIKELY INVOLVE CONFLICTING TESTIMONY AND COUNSEL WOULD BETTER ENABLE PLAINTIFF TO PRESENT EVIDENCE AND CROSS EXAMINE WITNESSES.

IV

LEGAL CLAIMS

THE DELIBERATE INDIFFERENCE TO MEDICAL NEEDS VIOLATED PLAINTIFF'S 8TH AMENDMENT CONST. OF CRUEL AND UNUSUAL, ETC. AND A DUE PROCESS 14TH AMEND RIGHT UNDER DISCRIMINATORY INTENT WHICH WAS RACIALLY MOTIVATED, IN VIOLATION OF SECTION 1981 OF THE CIVIL RIGHTS ACT OF 1866.

THE PLAINTIFF HAS NO PLAIN, ADEQUATE OR COMPLETE REMEDY AT LAW TO REDRESS THE WRONGS DESCRIBED HEREIN. PLAINTIFF HAS BEEN AND CONTINUED TO BE IRREPARABLY INJURED BY THE CONDUCT OF THE DEFENDANTS, UNLESS THIS COURT GRANTS THE COMPENSATORY AND THE PUNITIVE DAMAGES RELIEF WHICH PLAINTIFF SEEKS.

V

PRAYER FOR RELIEF

WHEREFORE PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGMENT GRANTING PLAINTIFF:

1) A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATE PLAINTIFF'S RIGHTS UNDER THE CONSTITUTION AND LAWS OF THE UNITED STATES.

2) COMPENSATORY DAMAGES IN THE AMOUNT OF \$700,000.00 AGAINST EACH DEFENDANT, JOINTLY AND SEVERALLY.

3) COMPENSATORY DAMAGES IN THE AMOUNT OF \$5,000,000.00 AGAINST PERRIGO(R).

4) PUNITIVE DAMAGES IN THE AMOUNT OF \$100,000.00 AGAINST EACH DEFENDANT

5) A JURY TRIAL ON ALL ISSUES TRIABLE BY JURY.

6) PLAINTIFF COSTS IN THIS SUIT.

7) ANY ADDITIONAL RELIEF THIS COURT SEEM JUST, PROPER AND EQUITABLE.

I HAVE READ THE FOREGOING COMPLAINT AND HEREBY VERIFY THAT THE MATTERS ALLEGED THEREIN ARE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: 8- -20

LAVON C. SMITH EZ3402

EXECUTED AT SCI-SMITHFIELD ON 8- -20

1120 PIKE ST. HUNTINGDON, PA. 16652

Lavon C. Smith EZ3402

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MRS. HOLLI BAUGH	FACILITY: SCI-SMITHFIELD	DATE: 6-4-19
FROM: (INMATE NAME & NUMBER) LAVON CECIL SMITH EZ5402	SIGNATURE OF INMATE: Lavon Cecil Smith	
WORK ASSIGNMENT: RECREATION 1	HOUSING ASSIGNMENT: CB-12	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

THIS GRIEVANCE IS BROUGHT FORTH DUE TO THE RECALLING OF THE "CREAM" AMMONIUM LACTATE 12%, ON MAY 19, 2019, AT 2:47, I WAS AWAKENED BY THE BURNING OF BOTH ARMS, WHICH WAS COZING CLEAR, LIKE LIQUID. AT 7:20 AM, I WAS SENT TO THE ER WHERE THEY BANDAGED IT. MAY 20, I SEEN MEDICAL AND I WAS KEPT FOR (2) DAYS ON I.V. FOR INFECTION AND HIVES. I WAS RELEASED ON MAY 22, 2019. MEDICAL DEPT HAD TREATED THE PRIOR SENTENCE, YET I SUFFER FROM 1ST, 2ND AND 3RD DEGREE CHEMICAL BURNS FROM MY ELBOWS TO MY HANDS AND EVERYWHERE THE IMPROPERLY MIXTURE TOUCHED. FOREHEAD, NECK, PARTS OF FACE, IT HAS CAUSED A PERMANENT CORROSIVE DISCOLORATION AND DESTRUCTION OF MY SKIN. THE CHEMICAL EPISODE CONTINUES TO COME OUT IN STAGES. DUE TO THE LOSS OF QUALITY OF LIFE, RELIEF COULD BE COMPENSATORY AND WAS OR MIGHT BE IN SOME CASES POSITIVE (RESPECTFULLY SUBMITTED)

B. List actions taken and staff you have contacted, before submitting this grievance.

BLOCK C.O.'s AM AND PM, STAFF AT WORK (ACTIVITIES) DEPUTY WAKEFIELD AND MOST OF THE CORRECTION OFFICERS THAT HAVE HAD A GENUINE CONCERN FOR MY HEALTH AND WELL BEING. SEEN DERMATOLOGIST JUNE 3, 2019

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy



Initial Review Response

SCI Smithfield
1120 Pike St
Huntingdon, PA, 16652-1172

06/26/2019 11:20

Inmate Name:	SMITH, LAVON CECIL	DOC #:	EZ5402
Facility:	Smithfield	Unit Location:	G / B
Grievance #:	805492		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

In this grievance it appears that Inmate Smith is claiming that by the medical department prescribing him ammonium lactate 2% cream, it caused him to have burning of both arms and oozing clear liquid. He states he spent 2 days in the infirmary and has suffered 1st, 2nd, and 3rd degree burns. He claims to have these burns as well as permanent corrosive discoloration and destruction of skin on his elbows to hands, forehead, neck, and parts of his face. He is seeking compensatory relief due to his loss of quality of life.

I have reviewed inmate Smith's medical records for this grievance. It is noted that inmate Smith has had Ammonium Lactate ordered since 04/25/19. On 05/19/19 at 07:55 inmate Smith was examined by nursing staff in the medical department. Inmate Smith arrived with toilet paper wrapper around his forearms and up his arms. This dressing was removed, wound cleansed with soap and water, and sterile dressing applied. You were scheduled for sick call the following day. On 05/20/19 inmate Smith was examined through sick call by PA Riley. At that time PA Riley admitted inmate Smith the infirmary, ordered IV fluids, IV antibiotics, and IV steroids. PA Riley also placed your Ammonium Lactate on hold as he felt you were having an infection and possible allergic reaction.

Dr. Doll discharged inmate Smith from the infirmary on 05/21/19. She placed him on oral antibiotics, oral steroids for 5 days, and discontinued his order for Ammonium Lactate. She did place him on other topical medications. I also note that PA Pierce placed you on Zyrtec and Hydrocortisone cream on 05/28/19 after a PA line follow up after Smith's infirmary discharge. She noted that Smith still had reddened and dry skin on his forearms thus causing her to order the Zyrtec and hydrocortisone cream as she felt he needed to continue with a topical steroid and an oral allergy medication.

I also note that Inmate Smith was examined by the Dermatologist on 06/4/19. The dermatologist also felt that inmate Smith either had an allergic reaction (no causative agent noted) and/or infection. The dermatologist did order a punch biopsy of your neck area. Dr. Doll has scheduled this biopsy. The dermatologist did not note any burn areas.

I find no merit to inmate Smith's claim that by the medical department prescribing him Ammonium Lactate has caused him to have burns on his arms. The ammonium lactate had been ordered and in use for a month prior to inmate Smith arriving to medical with his complaints on 05/19/19. Since that time inmate Smith has been examined and followed by nursing staff, both PA's, the facility medical director, and the consulted dermatologist. I can find no documented areas of burns and inmate Smith has not been denied or neglected any care for his skin issues.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

Issued: 1/26/2016 Effective: 2/16/2016

EZ5402

SMITH, LAVON CECIL

Page 1 of 2



Initial Review Response

SCI Smithfield
1120 Pike St
Huntingdon, PA, 16652-1172

06/26/2019 11:20

Signature:

Name:

Gerald F Hartman

Title:

RNS

Approver:

Lisa Gayle Hollibaugh

Date:

6/26/19

CC: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review Attachment 1-D

EZ5402

SMITH, LAVON CECIL

Issued: 1/26/2016 Effective: 2/16/2016

Page2 of 2

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>SUPERINTENDENT LUTHER</i>	FACILITY: <i>SCI-SMITHFIELD</i>	DATE: <i>7-2-19</i>
FROM: (INMATE NAME & NUMBER) <i>LAVON CECIL SMITH EZ5402</i>	SIGNATURE OF INMATE: <i>Lavon Cecil Smith</i>	
WORK ASSIGNMENT: <i>Recreation 1</i>	HOUSING ASSIGNMENT: <i>GB12</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. <i>IN RE: 2ND LEVEL GRIEVANCE APPEAL NO. 805492. I, LAVON CECIL SMITH EZ5402, DISAGREE 10 TOTAL WITH THE CONCLUSION I DIDN'T RECEIVE CHEMICAL BURNS FROM THE USE OF "AMMONIUM LACTATE 12% PRESCRIBED BY THE MEDICAL DEPT. ON JULY 1, 2019 AT 7:26AM I SAW THE SUPT. AND SHE GRABUOSLY ALLOWED ME TO SHOW HER MY TITLES TO THE ARMS BECAUSE WE WERE ON THE FACILITIES CROWDS I DID NOT SHOW THE BURNS AND BLACKENED, WRINKLED BULGES, BACK OF THE HEAD AND NECK, FROM THE SAME DAMAGE DONE TO MY ARMS. PHOTOS WERE TAKEN BY MEDICAL, ONLY WHEN I ASK THEM TO MAY 25, 2019.00 IF THE MEDICAL DEPT/TEAM FAILED TO SEE WHAT I GAVE WHO EVIDENCE BY FIRST HAND VISUAL SIGHT, WE HAVE A FALSIFYING ELEMENT, WHICH IS ONE REASON COMPENSATION THROUGH INTEGRITY, HONESTY WAS THE FIRST REMEDY.</i>		
B. List actions taken and staff you have contacted, before submitting this grievance. <i>COMPENSATION THROUGH INTEGRITY, HONESTY WAS THE FIRST REMEDY.</i>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy → CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 1/26/2016

Effective: 2/16/2016



Facility Manager's Appeal Response

SCI Smithfield
1120 Pike St
Huntingdon, PA, 16652-1172

07/25/2019 08:32

Inmate Name:	SMITH, LAVON CECIL	DOC #:	EZ5402
Facility:	Smithfield	Unit Location:	G / B
Grievance #:	805492		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Decision: Uphold Response

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

I have reviewed your grievance, initial review response, and appeal.

The records reflect that the grievance officer, RNS Hartman, provided you with a complete and thorough response in regards to your issues. The record reflects that medical staff conclude they find no merit to your claim that Ammonium Lactate caused you to have burns on your arms. The Ammonium Lactate had been ordered and in use a month prior to you arriving to medical with complaints. You were seen by a dermatologist who determined you had an allergic reaction and/or infection. Since you brought this complaint to medical's attention on 5/19/19, you have been examined and followed by nursing staff, PA's, medical doctor, and a dermatologist. You were provided with medications for your condition. I must rely on the medical expertise of medical expertise of licensed medical practitioners who state that your care is appropriate.

Your grievance appeal and relief are denied.

Signature:	
Name:	J. Luther
Title:	Facility Manager
Date:	7-25-19

CC: DC-15
File

Tab Deputy Wakefield

15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

Issued: 1/26/2016 Effective: 2/16/2016

EZ5402 Grievance #: 805492

SMITH, LAVON CECIL

Page 1 of 1

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR CHIEF SECRETARY GRIEVANCE OFFICE MRS. JONNA VARNEL	FACILITY: SCI-SMITHFIELD	DATE: AUGUST 4, 2019
FROM: (INMATE NAME & NUMBER) LAVON CECIL SMITH EZ5462	SIGNATURE OF INMATE: Lavon Cecil Smith	
WORK ASSIGNMENT: Cremation 1	HOUSING ASSIGNMENT: CB-12	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

TO THE CHIEF GRIEVANCE OFFICER: THIS RESPONSE COMES FORTH AUGUST 4, 2019, TO APPEAL THE MEDICAL DEPARTMENT'S CONCLUSION. I WAS NEVER FOUND TO BE TREATED FOR ANYTHING FOR ALLERGIES. I WAS NEVER SEEN AND EXAMINED BY A DERMATOLOGIST AS MENTIONED IN GRIEVANCE DENIALS. THIS IS THE (78TH) DAY SINCE MY INJURIES FROM THE CREAM PRESCRIBED WHICH DOES NOT ALLOW ME TO BE IN THE SUN FOR (30 MIN.) WITHOUT MY ARMS AND NECK SWELLING. AS OF THE DAY, AT THIS MOMENT, THE DERMATOLOGIST WHO ORDERED THE BIOPSY, THERE IS SWELLING THERE AND MEDICAL NEVER SCHEDULED ME TO TAKE TO STITCHES OUT OR FOLLOW UP. I NEVER BEEN PHYSICALLY EXAMINED BY A DERMATOLOGIST AND THE PICTURES WILL SHOW I STILL TODAY HAVE CHEMICALLY BURNED SKIN.

B. List actions taken and staff you have contacted, before submitting this grievance.

ON AUGUST 2, 2019, AROUND 10:30 AM, I STOP DEP. WAKEFIELD (JEE FACILITY MCL RESPONSE) AND HE SAW PHYSICALLY MY CHEMICALLY BURNED ARM FACE TO FACE. SAID HE WOULD REVIEW MEDICAL FILES. RESPECTFULLY SUBMITTED

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy



Grievance Referral (Notice to Inmate)

Secretary's Office of Inmate Grievances & Appeals
Pennsylvania Department of Corrections
1920 Technology Parkway
Mechanicsburg, PA 17060

12
GB

09/11/2019 10:08

Inmate Name:	SMITH, LAVON CECIL	DOC #:	EZ5402
SCJ Filed:	Smithfield	Current SCJ:	Smithfield
Grievance #:	805492		

This serves to acknowledge receipt of your appeal to final review for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", this Office has reviewed the documents submitted; including your initial grievance, the grievance officer's response, your appeal to the facility manager, the facility manager's response, and the issues you raised to final review. Upon completion of this review, it is the determination of this Office to solicit input from an appropriate Central Office Bureau relative to the issue(s) raised in your grievance. Therefore, please be advised that the final review decision will be delayed pending review by the office to which it has been referred. Upon completion of this review, however, a determination will be made and you will be provided with a final appeal decision in writing.

Action: Referral

Bureau/Office:

- Health Care - Referral Date : 09/11/2019

Signature:	<i>Debra Varnes</i>
Name:	D. Varnes
Title:	Chief Grievance Officer
Date:	9/11/2019

cc: DC-15/Superintendent - Smithfield
Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-1

Issued: 1/28/2016 Effective: 2/18/2016

EZ5402 Grievance #: 805492

SMITH, LAVON CECIL

Page1 of 1



pennsylvania
DEPARTMENT OF CORRECTIONS

GB 12

TO: Lavon Smith, EZ-5402
SCL-Smithfield

FROM: Joseph J. Silva
Director
Bureau of Health Care Services

DATE: October 4, 2019

RE: Correspondence received September 9th, 2019

The Bureau of Health Care Services (BHCS) is in receipt of your correspondence related to your skin concerns and medical treatment.

Your grievance #805492 regarding these concerns has been received by BHCS and is currently in process.

Should you have any other questions or concerns related to your health or the health care services provided, we again encourage you to contact the Health Care Administrator.

cc: Jamey Luther, Superintendent
Chad Wakefield, Deputy Superintendent
William Dreibelbis, GHCA
File (Smith Lavon EZ5402 kaw 10-4-19)



11/12/2019 04:20

Final Appeal Decision

Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

Inmate Name:	SMITH, LAVON CECIL	DOC #:	EZ5402
SCH Field:	Smithfield	Current SCH:	Smithfield
Grievance #:	805492		

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Decision: Uphold Response

It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or uphold in part/deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance, and your appeal and relief sought.

Response:

A review of the record was conducted by the Bureau of Health Care Services regarding your medical care. Upon reviewing your medical record, it was determined that the medical care provided was reasonable and appropriate, including the treatment of your skin condition. The findings of this review concur with the Initial Review Response. In addition, you have seen dermatology, had a skin biopsy done of your neck, and recently were seen and refused a skin biopsy of your arm. These clinical decisions are made by your attending practitioner. You are encouraged to participate in your treatment plan and to discuss your concerns or changes of condition with a practitioner. No evidence of wrongdoing was identified. Your grievance and requested relief are denied.

Signature:	<i>Vari Moore for</i>
Name:	D. VARNER
Title:	Chief Grievance Officer
Date:	11/17/2019

CC: DC-15/Superintendent - Smithfield
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

Issued: 1/26/2016 Effective: 2/16/2016

EZ5402 Grievance #: 805492

SMITH, LAVON CECIL

Page 1 of 1

DECEMBER 29, 2019

DEAR EXECUTIVE DEPUTY SECRETARY,

MY NAME IS LAYON CECIL SMITH (EZ5402)

CURRENTLY HOUSED AT SCI-SMITHFIELD. THIS DAY I WANT TO

PRESENT TO YOU AND SECRETARY WETZEL, A BRIEF CONCISE

STATEMENT OF MATERIAL EVIDENCE AGAINST THE MEDICAL DEPARTMENT
AT SMITHFIELD

MENT. I AM ACCUSED OF DENYING TO BE TREATED. THIS IS NOT

TRUE. ON FINAL REVIEW (SEE HEALTH CORR.)^{SAID} THAT IF I HAD ANY

QUESTIONS/CONCERNS ABOUT MY HEALTH TO CONTACT MR. WILLIAM

DREIBELBIS. ON OCTOBER 21, 2019 (SEE COPIES PASS), I WENT

TO SCHEDULE APPOINTMENT, ONE WEEK LATER, CONCERNED ABOUT

NUMBNESS / NERVE DAMAGE, I WROTE THE REQUEST (SEE COPY

OF REQUEST TO MR. WILLIAM DREIBELBIS, WHICH WAS A

DIRECTIVE IN THE HEALTH CARE SERVICES CORRESPONDENCE

JANUARY

TO GIVE THE HEALTH ADMINISTRATION HERE VISUAL EVIDENCE ON

MY INJURIES. ON NOVEMBER 13, 2019, I RECEIVED THIS

DECISION OF REFUSING A SKIN BIOPSY. ^{ON ARM} THERE IS NO EVIDENCE

OF ME BEING SCHEDULED FOR A BIOPSY OR REFUSING TO PARTICIPATE

IN SAVING MY ARMS FROM FURTHER DAMAGE EVEN THE LOSS OF

THE USE OF THEM. HERE ARE THE DATES I WROTE THE MEDICAL

DEPARTMENT AND THEY REFUSED TO TREAT MY CONDITION

Inmate: EZ5402

Case: 120-cv-01602-1-CCC-CA Document 1 Filed 09/08/20 Page 54 of 49

Callout#: 4330172

Staff

Appointment

Location

Arrive: 1200

D Cutshall

DR DOLL MANDATORY MUST SHOW AS CALLED Medical Department

Depart: 1230

Comments:

Job: Recreation 1

Issuing Authority:

Time Left:

Return To:

Destination Authority:

Time Arrived:

Time Left:

Return Authority:

Time Returned:

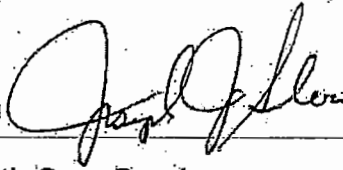
*** YOU ARE TO REPORT TO THE STAFF MEMBER / APPOINTMENT AT LOCATION LISTED ABOVE ***

*** FAILURE TO RESPOND TO PASS WILL RESULT IN A MISCONDUCT ***



GB 12

TO: Lavon Smith, EZ-5402
SCI-Smithfield

FROM: Joseph J. Silva 
Director
Bureau of Health Care Services

DATE: October 4, 2019

RE: Correspondence received September 9th, 2019

The Bureau of Health Care Services (BHCS) is in receipt of your correspondence related to your skin concerns and medical treatment.

Your grievance #805492 regarding these concerns has been received by BHCS and is currently in process.

Should you have any other questions or concerns related to your health or the health care services provided, we again encourage you to contact the Health Care Administrator.

cc: Jamey Luther, Superintendent
Chad Wakefield, Deputy Superintendent
William Dreibelbis, GHCA
File (Smith Lavon EZ5402 kaw 10-4-19)

STAFF MEMBER NAME _____ DATE _____
 _____ Print _____ Signature _____



11/12/2019 04:20

Final Appeal Decision

Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17060

Inmate Name:	SMITH, LAVON CECIL	DOC #:	EZ5402
SCJ Filed:	Smithfield	Current SCJ	Smithfield
Grievance #:	805492		

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Decision: Uphold Response

This is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or uphold in part/Deny in part. This response will include a brief rationale, summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

A review of the record was conducted by the Bureau of Health Care Services regarding your medical care. Upon reviewing your medical record, it was determined that the medical care provided was reasonable and appropriate, including the treatment of your skin condition. The findings of this review concur with the Initial Review Response. In addition, you have seen dermatology, had a skin biopsy done of your neck, and recently were seen and refused a skin biopsy of your arm. These clinical decisions are made by your attending practitioner. You are encouraged to participate in your treatment plan and to discuss your concerns or changes of condition with a practitioner. No evidence of wrongdoing was identified. Your grievance and requested relief are denied.

Signature:	<i>Keri Moore for</i>
Name:	D. Vanner
Title:	Chief Grievance Officer
Date:	11/14/2019

CC: DC-15/Superintendent - Smithfield
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

Issued: 1/26/2016 - Effective: 2/16/2016

EZ5402 Grievance #: 805492

SMITH, LAVON CECIL

Page 1 of 1



TO: **Smith, Lavon EZ 5402**
SCI-Smithfield

GB 12

FROM: **Joseph J. Silva**
Director
Bureau of Health Care Services

DATE: **February 21, 2020**

RE: **Correspondence #2020-C16-000000018**

The Bureau of Health Care Services (BHCS) is in receipt of your correspondence related to your medical concerns at SCI-Smithfield. BHCS has reviewed the medical record.

Clinical decisions are made by your attending practitioner. You are encouraged to participate in the treatment plan and to discuss his concerns or changes of condition with a practitioner.

Should you have any other questions or concerns related to your health or the health care services provided, we again encourage you to contact the Health Care Administrator.

cc: **Superintendent Jamey Luther**
Deputy Superintendent Chad Wakefield
CHCA William Dreibelbis
File (Smith Lavon EZ5402 2020-C16-018 kaw 2-21-20)

COPY

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE☐ DENTAL ISSUE☐ MEDICATION REFILL☐ PSYCHDATE: 6-2-19TIME: 11:49 amNAME: LAVON CECIL SMITH
(PLEASE PRINT)DOC NUMBER: EZ5402HOUSING UNIT: CB-12PROBLEM: CONDITION FROM CREAM GIVEN
HAS SPREAD AND I NEED A PLASTIC
SURGEON OR SOME SKIN SPECIALIST.I UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
CO-PAY REFERENCED IN DC-ADM 820.Lavon Cecil Smith
INMATE SIGNATURE

Place Refill Stickers below:

PLACE THIS REQUEST FORM IN THE LOCKED
MEDICAL BOX ON THE HOUSING UNIT.

ID Checked & Verified

DC-500

DC-138A

**CASH SLIP
SMITHFIELD****INMATE SHOULD COMPLETE
SECTIONS 1 & 3 ON THIS PAGE
PRIOR TO PLACING SICK CALL
SLIP IN THE BOX**

1. INMATE NAME (Please Print)

LAVON CECIL SMITH

INMATE NUMBER

EZ5402

HOUSING UNIT

CB-12

DATE

6-2-19

2. ITEMS TO BE CHARGED TO MY ACCOUNT

(This section to be completed by staff only)

Inmates are required by DC-ADM 820 to share in the cost
of their medical services\$ 5.00 Co-payment fee for Medical/Dental evaluation.

\$ _____ Number of prescriptions: _____ x \$5.00.

\$ _____ Total Co-Payment fee to be deducted from
inmate's account.

DATE

3. INMATE'S SIGNATURE

Lavon C. Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

\$

DATE

BOOKKEEPER

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE☐ DENTAL ISSUE☐ MEDICATION REFILL☐ PSYCHDATE: 7-14-19TIME: 10:14 AMNAME: LAVON CECIL SMITH

(PLEASE PRINT)

DOC NUMBER: EZ5402HOUSING UNIT: GB12

PROBLEM: CANNOT BE OUT FOR 30 min
IN THE SUN, WITH ARMS OR NECK EXPOSED.
EACH PLACE BURNS AND OOZES. ALSO SWELLS
AND CAUSES PAIN.

I UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
 CO-PAY REFERENCED IN DC-ADM 820.

Lavon Cecil Smith
 INMATE SIGNATURE

Place Refill Stickers below:

PLACE THIS REQUEST FORM IN THE LOCKED
 MEDICAL BOX ON THE HOUSING UNIT.

ID Checked & Verified

DC-500

DC-138A



CASH SLIP
SMITHFIELD

**INMATE SHOULD COMPLETE
 SECTIONS 1 & 3 ON THIS PAGE
 PRIOR TO PLACING SICK CALL
 SLIP IN THE BOX**

1. INMATE NAME (Please Print)

LAVON CECIL SMITH

INMATE NUMBER

EZ5402

HOUSING UNIT

GB-12

DATE

7-14-19

2. ITEMS TO BE CHARGED TO MY ACCOUNT

(This section to be completed by staff only)

Inmates are required by DC-ADM 820 to share in the cost
 of their medical services

\$5.00 Co-payment fee for Medical/Dental evaluation.

\$ _____ Number of prescriptions: _____ x \$5.00.

\$ _____ **Total** Co-Payment fee to be decuted from
 inmate's account.

DATE

3. INMATE'S SIGNATURE

Lavon Cecil Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

\$

DATE

BOOKKEEPER

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE☐ DENTAL ISSUE☐ MEDICATION REFILL☐ PSYCHDATE: 8-8TIME: 5:38pmNAME: LAVON CECIL SMITH
(PLEASE PRINT)DOC NUMBER: EZ5402HOUSING UNIT: CB-12**PROBLEM:** TOOK A SHOT ORDERED BY DERMATOLOGIST
RIGHT SIDE OF FACE HAS BUMPS AND
NECK HAS BUMPS AND SORENESSI UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
CO-PAY REFERENCED IN DC-ADM 820.Lavon Cecil Smith
INMATE SIGNATURE**Place Refill Stickers below:**PLACE THIS REQUEST FORM IN THE LOCKED
MEDICAL BOX ON THE HOUSING UNIT.

ID Checked & Verified

DC-500

DC-138A

**CASH SLIP
SMITHFIELD****INMATE SHOULD COMPLETE
SECTIONS 1 & 3 ON THIS PAGE
PRIOR TO PLACING SICK CALL
SLIP IN THE BOX**

1. INMATE NAME (Please Print)

LAVON CECIL SMITH

INMATE NUMBER

EZ5402

HOUSING UNIT

CB-12

DATE

8-8-19

2. ITEMS TO BE CHARGED TO MY ACCOUNT

(This section to be completed by staff only)

**Inmates are required by DC-ADM 820 to share in the cost
of their medical services**\$5.00 Co-payment fee for Medical/Dental evaluation.

\$ _____ Number of prescriptions: _____ x \$5.00.

\$ _____ **Total** Co-Payment fee to be decuted from
inmate's account.

DATE

3. INMATE'S SIGNATURE

Lavon C. Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

\$

DATE

BOOKKEEPER

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE ☐ DENTAL ISSUE
☐ MEDICATION REFILL ☐ PSYCH

DATE: 8-13-19 TIME: 7:51 AM

NAME: LAVON CECIL SMITH
(PLEASE PRINT)

DOC NUMBER: EZ5402

HOUSING UNIT: GB-12

PROBLEM: THE SECOND REQUEST, PUT ONE IN ON
THURSDAY FOR LUMPS AND BUMPS ON
FACE, NECK AND HEAD SINCE GETTING
SHOT 8-7-19

I UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
CO-PAY REFERENCED IN DC-ADM 820.

Lavon Cecil Smith
INMATE SIGNATURE

Place Refill Stickers below:

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DC-500

DC-138A

pennsylvania
DEPARTMENT OF CORRECTIONS

CASH SLIP
SMITHFIELD

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1. INMATE NAME (Please Print)

LAVON CECIL SMITH

INMATE NUMBER

EZ5402

HOUSING UNIT

GB-12

DATE

8-13-19

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(This section to be completed by staff only)

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\$ Number of prescriptions: x \$5.00.

\$ **Total Co-Payment fee to be decuted from
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DATE

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Lavon Cecil Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

\$

DATE

BOOKKEEPER

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE ☐ DENTAL ISSUE
☐ MEDICATION REFILL ☐ PSYCH

DATE: 9-14-19 TIME: 5:47 PM

NAME: LAVERN CECIL SMITH
(PLEASE PRINT)

DOC NUMBER: EZ5402

HOUSING UNIT: GB-12

PROBLEM: HAVING TROUBLE WITH NUMBNESS
IN ARMS AND HANDS AROUND THE AREAS
WHERE I'VE BEEN PREVIOUSLY TREATED
FROM "AMMONIUM LACTATE CREAM"

I UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
CO-PAY REFERENCED IN DC-ADM 820.

Lavern Cecil Smith
INMATE SIGNATURE

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DC-500

DC-138A

CASH SLIP
SMITHFIELD



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SLIP IN THE BOX**

1. INMATE NAME (Please Print)

LAVERN CECIL SMITH

INMATE NUMBER

EZ5402

HOUSING UNIT

GB-12

DATE

9-14-19

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inmate's account.**

DATE

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Lavern Cecil Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

\$

DATE

BOOKKEEPER

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE☐ DENTAL ISSUE☐ MEDICATION REFILLDATE: 1-20-20 TIME: 10:30 ^{AM}NAME: LAVON CECIL SMITH
(PLEASE PRINT)DOC NUMBER: EZ5402HOUSING UNIT: CB-12

PROBLEM: I WAS SEEN TO SEE WHY I HAD
SWELLING IN THE NECK/GLAND AREA WHICH
PEOPLE COULD SEE BUT MEDICAL THEY COULD
NOT MONTHS AGO. BODY FIGHTING INFECTION

I UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
 CO-PAY REFERENCED IN DC-ADM 820.

Lavon Cecil Smith
 INMATE SIGNATURE

Place Refill Stickers below:

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CASH SLIP
SMITHFIELD

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INMATE NUMBER

EZ5402

HOUSING UNIT

CB-12

DATE

1-20-20

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(This section to be completed by staff only)

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\$_____ **Total Co-Payment fee to be decuted from**
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DATE

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Lavon Cecil Smith

4. MEDICAL STAFF'S SIGNATURE

5. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

DATE

BOOKKEEPER

\$

(copy)

SICK CALL REQUEST

PLEASE CHECK THE APPROPRIATE BOX

☒ MEDICAL ISSUE☐ DENTAL ISSUE☐ MEDICATION REFILL☐ PSYCHDATE: 5-30-20TIME: 5:10 PMNAME: LAVON CECIL SMITH
(PLEASE PRINT)DOC NUMBER: EZ5402HOUSING UNIT: GB-12PROBLEM: FOR (5) DAYS I HAVE FELT A
NOTICEABLE BURNING ON ALMS/NECK
FROM LAST YEARS MEDICAL SITUATION/ SO
I MONITORED IT AND NEED TO BE SEENI UNDERSTAND THAT MY SICK CALL VISIT WILL BE SUBJECT TO THE
CO-PAY REFERENCED IN DC-ADM 820.Lavon Cecil Smith

INMATE SIGNATURE

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5-30-20

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Lavon Cecil Smith

4. MEDICAL STAFF'S SIGNATURE

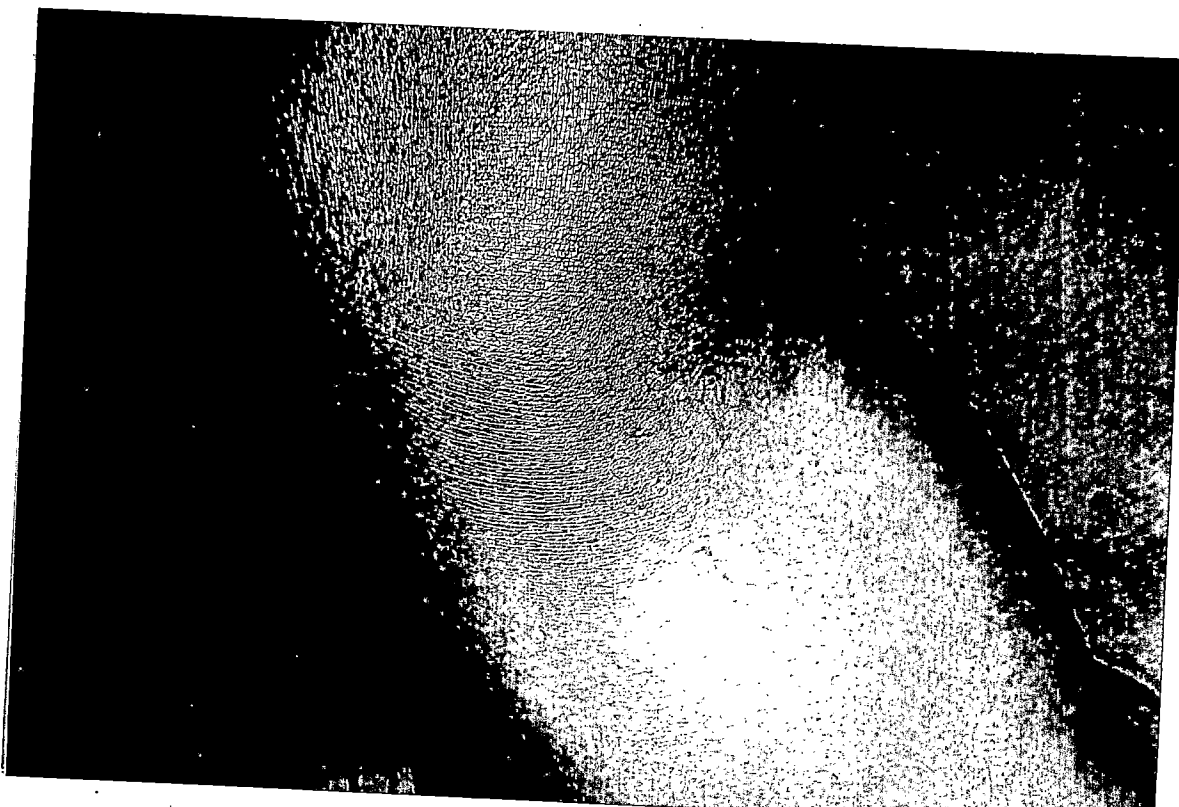
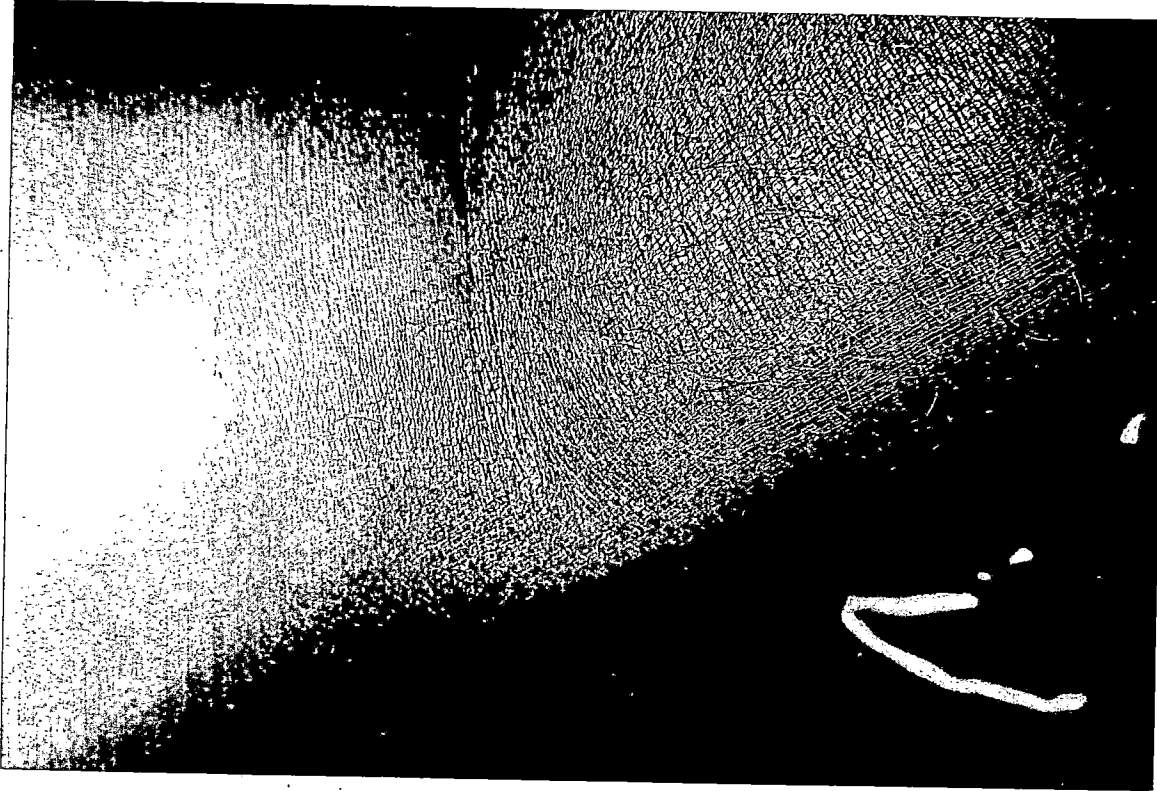
5. BUSINESS OFFICE'S SPACE

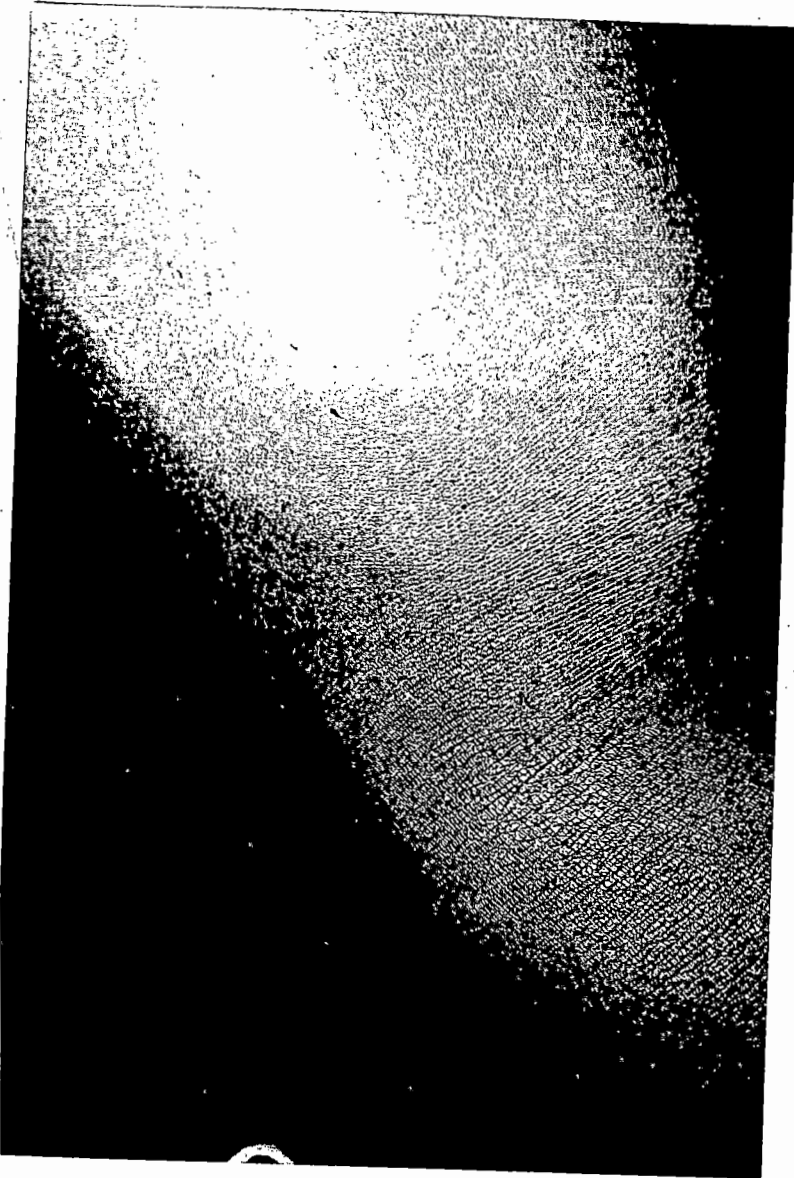
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BOOKKEEPER

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PROOF OF SERVICE

I, LAVON CECIL SMITH, CERTIFY THAT COPIES OF THE SUIT, BE FORWARDED BY THE HONORABLE COURT AND SERVED ON:

- ONE ADDRESS TO SERVE
- 7 (1 COPY - SUPERINTENDENT LUTHER (AT SCI-SMITHFIELD)
 - 9 (1 COPY - DEPUTY WAKEFIELD (AT SCI-SMITHFIELD)
 - (1 COPY - SECRETARY J. WETZEL (SECRETARY'S OFFICE OF GRIEVANCE AND APPEALS PENNSYLVANIA DEPARTMENT OF CORRECTIONS 1920 TECHNOLOGY PARKWAY MECHANICSBURG, PA. 17050
 - (1 COPY - DR DOLL AND ALL P.A.'S WITH HEALTH ADMINISTRATOR (AT SCI-SMITHFIELD.)
 - (1 COPY PERRIGO(R) ALLEGAN, MI. 49010 W.W.W. PERRIGO.COM MANUFACTURER: CLAY:
 - (1 COPY PRESCRIBER HARRIS, R. MSV DIAMOND PHARMACY SERVICES 645 KOTER INDIANA, PA. 15701

DATE: 8-31-20

LAVON CECIL SMITH

Lavon Cecil Smith

EZ5402 JA-11

SCI-SMITHFIELD

1120 PIKE STREET

HUNTINGDON, PA. 16652

NAVON CECIL SMITH
E-402 DA-11
SMITHFIELD
P.O. BOX 999
1120 PIKE STREET
HUNTINGDON, PA. 16652

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UNITED STATES DISTRICT COURT
FOR THE
MIDDLE DISTRICT OF PENNSYLVANIA
WILLIAM J. NEALON FEDERAL BLDG & U.S.
COURTHOUSE
235 NORTH WASHINGTON AVENUE
P.O. BOX 1148
SCRANTON, PA. 18501-1148